

Please type a plus sign (+) inside this box → +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="font-size: small; margin: 5px 0;">to be used for all correspondence after initial filing)</p> <div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> <div style="text-align: center;"> <p style="margin: 0;">NOV 26 2004</p> <p style="font-size: x-small; margin: 0;">PATENT & TRADEMARK OFFICE</p> </div> </div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number</td> <td style="padding: 2px;">10/006,090</td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td style="padding: 2px;">12/06/2001</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Jens Struckmeier</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit</td> <td style="padding: 2px;">2856</td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td style="padding: 2px;">T. Noland</td> </tr> <tr> <td style="padding: 2px;">Attorney Docket Number</td> <td style="padding: 2px;">528.003</td> </tr> </table>	Application Number	10/006,090	Filing Date	12/06/2001	First Named Inventor	Jens Struckmeier	Group Art Unit	2856	Examiner Name	T. Noland	Attorney Docket Number	528.003
Application Number	10/006,090													
Filing Date	12/06/2001													
First Named Inventor	Jens Struckmeier													
Group Art Unit	2856													
Examiner Name	T. Noland													
Attorney Docket Number	528.003													
<p>Total Number of Pages in This Submission</p>														

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <div style="margin-left: 20px;"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) </div> <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement and Form PTO 1449 (with 1 reference) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <div style="margin-left: 20px;"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 </div>	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-left: 20px;"> Declaration of Jens Struckmeier Declaration of Ben Ohler Declaration of Doug Gotthard Exhibits A & B Return Postcard </div>
<div style="border: 1px solid black; width: 100px; height: 20px; float: left; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jay G. Durst Boyle Fredrickson Newholm Stein & Gratz, S.C. 250 East Wisconsin Avenue, Suite 1030 Milwaukee, WI 53202
Signature	
Date	November 22, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop - Box Missing Parts - Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:		<div style="border: 1px solid black; padding: 2px;">November 22, 2004</div>
Type or printed name	Thomas P. Vita, Jr.	
Signature		Date
		November 22, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.